

Form No. 3

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

County of Charendow

STATE OF SOUTH CAROLINA

18256A

Township of Plowden's Mill

Bureau of Vital Statistics

State Board of Health

Inc. Town of _____

Registration District No. 1314 Registered No. 12
(For use of Local Registrar)

(City of _____ (No. _____ St.; _____ Ward)

(2) Full Name of Child George Wells
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16 1922
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Cain Wells</u>	(14) NAME BEFORE MARRIAGE	<u>Lessie Turner</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Alcohu, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Alcohu, S.C.</u>
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY	<u>19</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>18</u> (years)
(12) BIRTHPLACE	<u>Charendow Co., S.C.</u>	(18) BIRTHPLACE	<u>Charendow Co., S.C.</u>
(13) OCCUPATION	<u>unemployed</u>	(19) OCCUPATION	<u>farmer</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother, new living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Epsie Mack (25) Address of Physician or Midwife Alcohu, S.C. R-2

(24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness _____

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 9 1925 (28) R. E. Thompson Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.